TRANSMITTAL FORM (to be used for all correspondence after initial)	Filing Date Filing Date Filing Date First Named Inventor Art Unit Examiner Name	Approved for use through 04/30/2003. OMB 0651-0031 thand Trademark Office; U.S. DEPARTMENT OF COMMERCE on of information unless it displays a valid OMB control number. 09/645,827 August 25, 2000 Dale C. Flanders 1725 Johnson, Jonathan J.						
Total Number of Pages in This Submission	4 Attorney Docket Number	1000.0006 TC 1700						
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Petition Petition Power of Attorney, Revocation Change of Correspondence Addre Terminal Disclaimer Request for Refund CD, Number of CD(s) Remarks Prawing(s) Check all that Page 14 Check all that Page 15 Check all that Page 15 Check all that Page 15 Check all that	After Allowance Communication to a Technology Center (TC) Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information						
Firm or J. Grant Houston Individual Signature Date December 1, 2003	TURE OF APPLICANT, ATTORNE	EY, OR AGENT						
Second of the se								
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Signature Date December 1, 2003

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Under the Perperwork Reduction Act of 1995, no persons are requ	uired to re	espond	to a ∞lle	ection	of info	mation unless it displays a valid OMB	control numbe	
FEE TRANSMITTA		Complet if Known						
- LL IIIANOMIIIA	`	Application Number		er	09/645,827			
for FY 2004	ļ	Filing Date			August 25, 2000			
Effective 10/01/2003. Patent fees are subject to annual revision.		First Named Inventor		ntor	Dale C. Flanders			
		Examiner Name			Johnson, Jonathan J.	FCEN		
Applicant claims small entity status. See 37 CFR 1.27		Art Unit			1725	DECO		
TOTAL AMOUNT OF PAYMENT (\$) 375.00		Attorney Docket No.		lo.	1000.0006	 0 9		
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Deposit Account 501547	Fee Code	Fee (\$)	Fee Code	Fee (\$)		Fee Description	Fee Paid	
Number	1051	130	2051	65	Surch	arge - late filing fee or oath		
Account Axsun Technologies, Inc.	1052	50	2052	25		arge - late provisional filing fee or sheet		
Name The Director is authorized to: (check all that apply)	1053	130	1053	130		English specification		
Charge fee(s) indicated below Credit any overpayments	1812	2,520	1812 2	2,520	For fil	ing a request for ex parte reexamination	on	
Charge any additional fee(s) or any underpayment of fee(s)	1804	920*	1804	920*	Requ	esting publication of SIR prior to iner action	•	
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to the above-identified deposit account.	4054	440			_	niner action		
FEE CALCULATION	1251 1252	110 420	2251 2252	55 210	_	nsion for reply within first month nsion for reply within second month	210.00	
I. BASIC FILING FEE arge Entity Small Entity	1252	950	2252			nsion for reply within third month		
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Code (\$) Code (\$) 1001 770 2001 385 Utility filing fee	1255	2,010	2255			nsion for reply within fifth month		
1002 340 2002 170 Design filing fee	1401	330	2401			e of Appeal	165.00	
1003 530 2003 265 Plant filing fee	1402	330	2402		_	a brief in support of an appeal		
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Requ	est for oral hearing		
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petiti	on to institute a public use proceeding		
SUBTOTAL (1) (\$)	1452	110	2452	55	Petitio	on to revive - unavoidable		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	: [1,330	2453			on to revive - unintentional		
Fee from	1501	1,330	2501		-	rissue fee (or reissue)		
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Large Entity Small Entity	1806	180	1806			nission of Information Disclosure Stmt		
Fee Fee Fee Fee Fee Description Code (\$)	8021	40	8021	40	Reco	rding each patent assignment per		
1202 18 2202 9 Claims in excess of 20 =	1809	770			prope	arty (times number of properties) a submission after final rejection		
1201 86 2201 43 Independent claims in excess of 3	1009	,,,	2809	J03		FR 1.129(a))		
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims	1810	770	2810	385		ach additional invention to be inned (37 CFR 1.129(b))		
over original patent	1801	770	2801	385	Reg	uest for Continued Examination (RCF)	· 1	

SUBMITTED BY	100			(Complete	(if applicable))
Name (Print/Type)	J. Grapt Housion		Registration No. (Attorney/Agent) 35,900	Telephone	978-439-3479
Signature	1/.9 X/	11082		Date	December 1, 2003

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*Reduced by Basic Filing Fee Paid

Other fee (specify)

900 Request for expedited examination of a design application

SUBTOTAL (3)

375.00

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Reissue claims in excess of 20 and over original patent

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SUBTOTAL (2)

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